

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND. DEP.
1								51
2								52
3								53
4								54
5								55
6								56
7								57
8								58
9								59
10								60
11								61
12								62
13								63
14								64
15								65
16								66
17								67
18								68
19								69
20								70
21								71
22								72
23								73
24								74
25								75
26								76
27								77
28								78
29								79
30								80
31								81
32								82
33								83
34								84
35								85
36								86
37								87
38								88
39								89
40								90
41								91
42								92
43								93
44								94
45								95
46								96
47								97
48								98
49								99
50								100
TOTAL IND.	7							TOTAL IND.
TOTAL DEP.	20							TOTAL DEP.
TOTAL CLAIMS	27							TOTAL CLAIMS